

OFFICIAL RESPONSES TO VENDOR QUESTIONS RFA-2022-DPHS-01-REVEN

No.	Question	Answer
1.	Section 1. Request for Services, Subsection 1.3. Scope of Services a) What is a cohort and could that potentially increase the number of hospitals/entities we would be performing services for? b) What is the expected number, frequency and duration of trainings? c) Can trainings be repeated if necessary?	 a) A cohort is a group of hospitals with similar needs that the selected Vendor would work with on an activity, project, or training. Currently in the State of New Hampshire, there are thirteen (13) Critical Access Hospitals. b) The number of trainings will be based on the most current Medicare Rural Hospital Flexibility (Flex) Grant needs assessment conducted by the Department, determined in collaboration with CAH leaders, and funding feasibility. (See Paragraphs 1.3.1 and 1.3.6. of the RFA.) c) The option to repeat trainings will be determined in collaboration with CAH leaders. (See response 1b above.)
2.	Section 1. Request for Services, Subsection 1.3., Paragraph 1.3.1, Subparagraphs 1.3.1.1. Has the assessment been conducted by the Department? If so, please outline the identified areas of focus.	The assessment has been conducted and will be provided to the selected Vendor. The areas of focus are financial status, quality status, operational status, and current priority needs and emerging trends for Critical Access Hospitals.
3.	Section 1. Request for Services, Subsection 1.3. Scope of Services, Paragraph 1.3.2. What Electronic Health Record (EHR) is utilized by each Critical Access Hospital (CAH)?	Each CAH has their own Electronic Health Record.



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4.	Section 1. Request for Services, Subsection 1.3. Scope of Services, Paragraph 1.3.2, Subparagraphs 1.3.2.1. – 1.3.2.8. a) If an activity or project focuses on highlevel analysis, is the expectation for the selected Vendor to conduct the analysis without on-site operational due diligence? b) What are the expected deliverables?	 a) The selected Vendor can conduct analysis onsite or without onsite interaction. b) The deliverables for all services in the RFA are outlined in Paragraphs 1.3.16. Performance Measures and 1.3.17. Reporting.
5.	Section 1. Request for Services, Subsection 1.3. Scope of Services, Paragraph 1.3.3. What evaluation tools will the Department provide?	See Addendum #2.
6.	Section 1. Request for Services, Subsection 1.3. Scope of Services, Paragraph 1.3.10. What is the current communication platform utilized between the Department and the CAHs?	The Department does not utilize a platform at this time.
7.	Section 1. Request for Services, Subsection 1.3. Scope of Services, Paragraph 1.3.11. What is the process to receive access to CAHs' records?	See Addendum #2.
8.	Section 1. Request for Services, Subsection 1.3. Scope of Services, Paragraph 1.3.12. Are the confidential financial benchmarks provided to each participating CAH based on national benchmarks, performance of the NH CAHs as a whole, or against their own baseline?	CAH financial benchmarks must be based on national benchmarks, against NH CAHs, and against each CAH's baseline financial indicators.



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9.	Section 1. Request for Services, Subsection 1.3. Scope of Services, Paragraph 1.3.16. Performance Measures What are the Revenue Cycle Management improvement targets and how many are there?	See Paragraph 1.3.16. Performance Measures, Subparagraph 1.3.16.1, Parts 1.3.16.1.1. – 1.3.16.1.3 of the RFA.
10.	Section 1. Request for Services, Subsection 1.3. Scope of Services, Paragraph 1.3.16. Performance Measures, Subparagraph 1.3.16.1, Part 1.3.16.1.3 Is all information acquired by the selected Vendor from the Critical Access Hospital confidential?	Yes. The findings and confidential data reviewed shall be utilized for this scope of services only.
11.	Section 1. Request for Services, Subsection 1.4. Compensation & Contract Value, Paragraph 1.4.1. Please describe the requirements in the Catalog of Federal Domestic Assistance (CFDA).	See 2 CFR 200.331.
12.	Section 1. Request for Services, Subsection 1.4. Compensation & Contract Value, Paragraph 1.4.4. Can the Department clarify the payment method?	Payment will be made to the selected Vendor on a monthly basis, upon receipt of invoice for the prior month, in accordance with Department-approved Budgets, and in accordance with Exhibit B, Method of Payment, to be written in accordance with the requirements of the RFA (see Appendix A, P-37 and Standard Exhibits, of the RFA).
13.	Appendix B Contract Monitoring Provisions If an Applicant cannot provide audited financial statements, can additional information be provided that points to the Vendor's solvency?	If a Vendor is not otherwise required by either state or federal statute to obtain a certification of audit of its financial statements, the Vendor shall submit as part of its proposal financial statements certified by "an officer of the corporation, partner, or owner under penalty of unsworn

New Hampshire Department of Health and Human Services REVENUE CYCLE MANAGEMENT



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		falsification." Included in the submission must be the most recently completed four (4) years of the following schedules: Balance Sheet, Income Statement, and Cash Flow.
14.	P-37 General Provisions, Section 13 Indemnification Will the Department make modifications to the indemnification section?	The Department may negotiate these terms with the selected Vendor, however requested revisions are not guaranteed.
15.	 General Questions: a) Who can Applicants contact for assistance with completing Appendix C, Addendum to CLAS Section of RFA for Purpose of Documenting Title VI Compliance? b) If the Department requests additional projects or technical services after contract implementation, will the selected Vendor bill additionally for the new services? 	 a) See Subparagraph 2.5.5.9 of the RFA for guidance on how to complete Appendix C. b) No. All activities, trainings and projects under this contract shall be in accordance with Section 1. Scope of Work, Subsection 1.3, Paragraph 1.3.1, Subparagraphs 1.3.1.1 – 1.3.1.2, and based on funding feasibility (see Paragraph 1.3.6. of the RFA). Any additional scope of work and/or funding would require a Contract Amendment signed by both parties and approval by the Governor and Executive Council.